



AFRL Aerospace Systems Directorate Summer Research Fellowship Program

Graduate Student Application

Print or type this application and mail, fax, or e-mail to:

Dr. Frank Gulczinski

AFRL/RQOP

2130 Eighth St

Wright-Patterson AFB OH 45433

(937)938-4805

E-mail: frank.gulczinski@us.af.mil

Receipt of application will be acknowledged by e-mail.

APPLICATIONS MAY BE SUBMITTED 15 December through 1 March. We will continuously select qualified candidates throughout this time frame based on available funding. Therefore early applications are encouraged. Submittal of applications may be extended based on identification of additional resources.

Candidates will be notified of the results of this process upon selection prior to 15 May.

1. Name (last, first, middle initial)	
2. Highest degree held/field/year	
3. Citizenship	4. If naturalized include number
5. Social Security Number	
6. Phone	Day () Evening () 7. Fax ()
8. E-mail address	
9. Current position and title	
10. University with which you are affiliated	
Department	
Department Address	
City / State / Zip	
Have you held a security clearance within the last 16 months? (Please select Yes or No)	
If Yes, indicate active dates and clearance level	
11. Faculty member or Air Force sponsor you will be conducting research with:	
12. Research Topic	
13. Best estimate of the start date (month/day/year)	Start date:
Best estimate of the number of weeks you would work (anywhere between 8 and 12 weeks)	Number of weeks:
14. Please indicate name and phone number of your department chairperson	
15. ADDITIONAL INFORMATION. Please include a short resume with the following information: <ul style="list-style-type: none">Brief description of the area in which you are conducting your graduate research.A transcript showing the date on which you received your bachelor's degree (this transcript need not be sealed).A transcript indicating your graduate works to date (this need not be sealed).A list of relevant experience, awards, publications, and distinctions.	
16. Your signature and date of application (unless sent by e-mail)	Signature:
	Date:
17. Signature of your summer supervising faculty member or thesis adviser (unless sent by e-mail)	Signature:
	Date: